

**Lily Transportation Corp.**  
145 Rosemary Street  
Needham Massachusetts 02194  
Telephone: 617-449-8811  
Fax: 617-449-7128

U.S. EPA  
AGENCY RO II  
96 APR 16 AM 10:53  
HAZARDOUS & SOLID WASTE  
PROGRAMS BRANCH



April 11, 1996

Mr. Jack Hoyt  
United States Environmental Protection Agency  
290 Broadway  
New York, NY 10007-1866

Dear Sir:

Per our telephone conversation, this letter will serve as notification to the United States Environmental Protection Agency of the closure of the Lily Truck Leasing facility located at 54-25 58th Street, Maspeth, NY. As of April 8, 1996, all activity associated with the generation of hazardous waste and the use of EPA I.D. number NYD987028537 has been suspended.

If you have any questions regarding this matter, please contact me at (617) 449-8811, extension 303.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael M. Berube".

Michael M. Berube  
Director of Maintenance and Operations

Ull 5/10/96 2/R-2 H7

Full Service Leasing

Dedicated Contract Carriage



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/01/93

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987028537

FACILITY NAME -> LILY TRUCK LEASING

MAILING ADDRESS -> 54-25 58TH ST  
MASPETH, NY 11378

INSTALLATION ADDRESS -> 54-25 58TH ST  
MASPETH, NY 11378

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: BERUBE, MICHAEL  
FLEET MGR  
LILY TRUCK LEASING  
145 ROSEMARY ST  
NEEDHAM, MA 02194

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)2-18-93  
93 FEB 18 PM 3:54**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NYD987028537

**II. Name of Installation (Include company and specific site name)**

L I L Y T R U C K L E A S I N G

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

54 - 25 58 T H S T R E E T

Street (continued)

City or Town

M A S P E T H

State

N Y

ZIP Code

1 1 3 7 8 -

County Code

County Name

Q U E E N S

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (last)

B E R U B E

(first)

M I C H A E L

Job Title

F L E E T M A N A G E R

Phone Number (area code and number)

6 1 7 - 4 4 9 - 8 8 1 1

**VI. Installation Contact Address (See Instructions)**

A. Contact Address

Location

Mailing

B. Street or P.O. Box

1 4 5 R O S E M A R Y S T

City or Town

N E E D H A M

State

M A

ZIP Code

0 2 1 9 4 -

**VII. Ownership (See Instructions)**

A. Name of Installation's Legal Owner

K &amp; W A S S O C I A T E S

Street, P.O. Box, or Route Number

3 R E D G R O U N D R O A D

City or Town

O L D W E S T B U R Y

State

N Y

ZIP Code

1 1 5 6 8 -

Phone Number (area code and number)

5 1 6 - 6 2 6 - 1 1 7 6

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

☒☐☐☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐☐☐☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
D 0 0 1					
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (type or print)

Michael M. Berube Fleet Manager

Date Signed

2/2/93

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/10/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987028537

FACILITY NAME -> COCA COLA BOTTLING CO

MAILING ADDRESS -> 54-25 58TH ST  
MASPETH, NY 11378

INSTALLATION ADDRESS -> 54-25 58TH ST  
MASPETH, NY 11378

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: GIOVANNI, NINO  
SHOP MGR  
COCA COLA BOTTLING CO  
54-25 58TH ST  
MASPETH, NY 11378

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

I. Installation's EPA ID Number (Mark "X" in the appropriate box)

☐ A. First Notification

☒ B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NYD987028537

II. Name of Installation (Include company and specific site name)

COCA COLA BOTTLING CO.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

54-25 58TH STREET

Street (continued)

City or Town

QUEENS

State

ZIP Code

NY

11378

County Code

County Name

QUEENS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

SAME

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

GIORGANNI

NINO

Job Title

Phone Number (area code and number)

SHOP MANAGER

914-345-3400

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

☒

☐

54-25 58TH STREET

City or Town

State

ZIP Code

QUEENS

NY

11378

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

COCA-COLA BOTTLING CO. - NY

Street, P.O. Box, or Route Number

3 S KYLE STREET

City or Town

State

ZIP Code

HAWTHORNE, NY 10532-9947

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

914-345-3900

P

P

Yes X No

12 01 95

US EXP. MAIL

Change (Owner)

2-118-06-3018  
2-118-06-2136

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

<input checked="" type="checkbox"/> 1. Ignitable (D001)	<input type="checkbox"/> 2. Corrosive (D002)	<input type="checkbox"/> 3. Reactive (D003)	<input type="checkbox"/> 4. EP Toxic (D000)
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(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D0018	D0118	D03R	D0410
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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature 	Name and Official Title (type or print) J. M. ...	Date Signed 3/15/97
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XI. Comments


Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)